



CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
**CALIFORNIA FIREARMS LICENSEE CHECK (CFLC)  
ENROLLMENT APPLICATION**

*(For NON Internet Users Only)*



**To enroll in the California Firearms Licensee Check Program complete, sign, and return this application. Incomplete applications will be returned and you will not be able to request Firearms Shipment Approval letters.**

**Please Type or Print**

Business Name (As appears on FFL)	FFL Number	FFL Expiration Date	
If you are operating under a Letter of Continuing Authorization (LOA) from ATF, please provide the expiration date: _____			
Business Physical Address	City	State	Zip Code
Business Telephone Number (     )	Business Fax Number (     )		
Contact Person Last Name (appears on the Firearms Shipment Approval letter)	First Name		

The above information submitted for enrollment in the CFLC Program is correct. ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax completed application to:

California Department of Justice  
Bureau of Firearms - CFLC Program  
P.O. Box 981118  
West Sacramento, CA 95798-1118  
Fax: 916-263-0790

**Once your application is processed, you will receive a confirmation letter that includes a telephone/fax number that you can use to request Firearms Shipment Approval letters. If you enroll using this application, you can only receive Firearms Shipment Approval letters via fax or U.S. mail.**